

Dental Rate Change

Effective with dates of service October 1, 2005, reimbursement rates for a number of dental procedures were increased. The rate changes were entered into the NC Medicaid system on May 5, 2006; therefore, claims processed after this date will pay with these new rates. **Claims that processed prior to May 5, 2006 will be processed automatically through system adjustments to pay the additional reimbursement.** Providers should watch for future bulletin articles for the scheduled date that system adjustments will be processed. **No adjustments will be accepted from providers for these dental rate changes.** Providers are reminded to bill their usual and customary charges rather than the Medicaid rate.

NC Medicaid Dental Reimbursement Rates

Effective Date: July 1, 2006

CDT-2005 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT-2005		Medicaid
Code*	Description	Rate
D0120	Periodic oral evaluation	27.01
D0140	Limited oral evaluation - problem focused	35.77
D0150	Comprehensive oral evaluation - new or established patient	45.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	59.40
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	20.00
D0210	Intraoral - complete series (including bitewings)	75.19
D0220	Intraoral - periapical first film	14.60
D0230	Intraoral - periapical each additional film	11.68
D0240	Intraoral - occlusal film	14.60
D0250	Extraoral - first film	16.81
D0260	Extraoral - each additional film	13.94
D0270	Bitewing - single film	8.20
D0272	Bitewings - two films	17.52
D0274	Bitewings - four films	31.39
D0290	Posterior-anterior or lateral skull and facial bone survey film	34.85
D0310	Sialography	68.88
D0320	Temporomandibular joint arthrograph, including injection	153.75
D0330	Panoramic film	57.67
D0340	Cephalometric film	36.90
D0470	Diagnostic casts	31.46
D0473	Accession of tissue, gross and microscopic examination	33.62
D1110	Prophylaxis - adult	30.00
D1120	Prophylaxis - child	21.62
D1201	Topical application of fluoride (including prophylaxis) - child	37.06
D1203	Topical application of fluoride (prophylaxis not included) - child	15.44
D1204	Topical application of fluoride (prophylaxis not included) - adult	15.44
D1205	Topical application of fluoride (including prophylaxis) - adult	41.35
D1351	Sealant - per tooth	29.93
D1510	Space maintainer - fixed - unilateral	200.00
D1515	Space maintainer - fixed - bilateral	280.00
D2140	Amalgam - one surface, primary or permanent	62.78
D2150	Amalgam - two surfaces, primary or permanent	79.41
D2160	Amalgam - three surfaces, primary or permanent	91.25
D2161	Amalgam - four or more surfaces, primary or permanent	97.20
D2330	Resin-based composite - one surface, anterior	62.78
D2331	Resin-based composite - two surfaces, anterior	77.38
D2332	Resin-based composite - three surfaces, anterior	91.25
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	116.07
D2390	Resin-based composite crown, anterior	123.82
D2391	Resin-based composite - one surface, posterior	77.38
D2392	Resin-based composite - two surfaces, posterior	116.07
D2393	Resin-based composite - three surfaces, posterior	149.70
D2394	Resin-based composite - four or more surfaces, posterior	183.10
D2930	Prefabricated stainless steel crown - primary tooth	144.25
D2931	Prefabricated stainless steel crown - permanent tooth	146.25
D2932	Prefabricated resin crown	163.01
D2933	Prefabricated stainless steel crown with resin window	181.77
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	175.00
D2940	Sedative filling	31.98

Revised Date: July 1, 2006

NC Medicaid Dental Reimbursement Rates

Effective Date: July 1, 2006

CDT-2005 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT-2005		Medicaid
Code*	Description	Rate
D2950	Core buildup, including any pins	78.31
D2951	Pin retention - per tooth, in addition to restoration	20.50
D3220	Therapeutic pulpotomy (excluding final restoration)	78.11
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	150.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	200.00
D3310	Root canal therapy - anterior (excluding final restoration)	204.18
D3320	Root canal therapy - bicuspid (excluding final restoration)	259.57
D3330	Root canal therapy - molar (excluding final restoration)	330.36
D3351	Apexification/recalcification - initial visit	104.88
D3352	Apexification/recalcification - interim medication replacement	83.90
D3353	Apexification/recalcification - final visit	157.31
D3410	Apicoectomy/periradicular surgery - anterior	233.50
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	223.00
D4211	Gingivectomy or gingivoplasty - one to three teeth per quadrant	80.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth per quadrant	260.00
D4241	Gingival flap procedure, including root planing - one to three teeth per quadrant	217.50
D4341	Periodontal scaling and root planing - four or more contiguous teeth per quadrant	78.11
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	42.64
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	60.00
D4910	Periodontal maintenance	48.50
D5110	Complete denture - maxillary	461.25
D5120	Complete denture - mandibular	461.25
D5130	Immediate denture - maxillary	500.20
D5140	Immediate denture - mandibular	500.20
D5211	Maxillary partial denture - resin base	357.00
D5212	Mandibular partial denture - resin base	357.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases	504.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases	504.00
D5410	Adjust complete denture - maxillary	25.42
D5411	Adjust complete denture - mandibular	25.42
D5421	Adjust partial denture - maxillary	25.42
D5422	Adjust partial denture - mandibular	25.42
D5510	Repair broken complete denture base	80.80
D5520	Replace missing or broken teeth - complete denture (each tooth)	62.50
D5610	Repair resin denture base	80.80
D5620	Repair cast framework	100.00
D5630	Repair or replace broken clasp	155.00
D5640	Replace broken teeth - per tooth	62.50
D5650	Add tooth to existing partial denture	76.50
D5660	Add clasp to existing partial denture	125.00
D5730	Reline complete maxillary denture (chairside)	107.83
D5731	Reline complete mandibular denture (chairside)	107.83
D5740	Reline maxillary partial denture (chairside)	105.37
D5741	Reline mandibular partial denture (chairside)	105.37
D5750	Reline complete maxillary denture (laboratory)	139.40
D5751	Reline complete mandibular denture (laboratory)	139.40
D5760	Reline maxillary partial denture (laboratory)	137.35
D5761	Reline mandibular partial denture (laboratory)	137.35
D6985	Pediatric partial denture, fixed	282.90

Revised Date: July 1, 2006

NC Medicaid Dental Reimbursement Rates

Effective Date: July 1, 2006

CDT-2005 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT-2005		Medicaid
Code*	Description	Rate
D7111	Extraction, coronal remnants - deciduous tooth	45.99
D7140	Extraction, erupted tooth or exposed root	51.10
D7210	Surgical removal of erupted tooth	78.72
D7220	Removal of impacted tooth - soft tissue	92.25
D7230	Removal of impacted tooth - partially bony	154.76
D7240	Removal of impacted tooth - completely bony	157.50
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	165.23
D7250	Surgical removal of residual tooth roots (cutting procedure)	86.10
D7260	Oroantral fistula closure	398.87
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	187.50
D7280	Surgical access of an unerupted tooth	165.00
D7283	Placement of device to facilitate eruption of impacted tooth	158.67
D7285	Biopsy of oral tissue - hard (bone, tooth)	130.00
D7286	Biopsy of oral tissue - soft (all others)	113.30
D7288	Brush biopsy - transepithelial sample collection	113.30
D7310	Alveoloplasty in conjunction with extractions - per quadrant	82.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	147.50
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	548.59
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts)	1,016.32
D7410	Excision of benign lesion up to 1.25 cm	169.11
D7411	Excision of benign lesion greater than 1.25 cm	205.00
D7412	Excision of benign lesion, complicated	257.00
D7413	Excision of malignant lesion up to 1.25 cm	234.00
D7414	Excision of malignant lesion greater than 1.25 cm	308.00
D7415	Excision of malignant lesion, complicated	375.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	189.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	350.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	169.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	225.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	247.50
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	370.61
D7465	Destruction of lesion(s) by physical or chemical method, by report	125.41
D7471	Removal of lateral exostosis (maxilla or mandible)	236.37
D7472	Removal of torus palatinus	256.50
D7473	Removal of torus mandibularis	250.00
D7485	Surgical reduction of osseous tuberosity	234.47
D7490	Radical resection of mandible with bone graft	2,511.25
D7510	Incision and drainage of abscess - intraoral soft tissue	116.25
D7520	Incision and drainage of abscess - extraoral soft tissue	250.00
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	101.27
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	179.37
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	319.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	308.32
D7610	Maxilla - open reduction (teeth immobilized, if present)	1,229.18
D7620	Maxilla - closed reduction (teeth immobilized, if present)	940.95
D7630	Mandible - open reduction (teeth immobilized, if present)	1,213.19
D7640	Mandible - closed reduction (teeth immobilized, if present)	906.10
D7650	Malar and/or zygomatic arch - open reduction	1,154.15
D7660	Malar and/or zygomatic arch - closed reduction	852.80

Revised Date: July 1, 2006

NC Medicaid Dental Reimbursement Rates

Effective Date: July 1, 2006

CDT-2005 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT-2005

Code*	Description	Medicaid Rate
D7670	Alveolus - closed reduction, may include stabilization of teeth	338.66
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	1,854.84
D7710	Maxilla - open reduction	1,337.83
D7720	Maxilla - closed reduction	902.00
D7730	Mandible - open reduction	1,328.40
D7740	Mandible - closed reduction	990.56
D7750	Malar and/or zygomatic arch - open reduction	1,224.67
D7760	Malar and/or zygomatic arch - closed reduction	1,116.02
D7770	Alveolus - open reduction stabilization of teeth	686.75
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	2,304.20
D7810	Open reduction of dislocation	1,180.39
D7820	Closed reduction of dislocation	146.37
D7830	Manipulation under anesthesia	228.38
D7840	Condylectomy	1,575.63
D7850	Surgical discectomy, with/without implant	1,586.70
D7858	Joint reconstruction	1,401.15
D7860	Arthrotomy	624.65
D7865	Arthroplasty	1,055.64
D7870	Arthrocentesis	72.98
D7872	Arthroscopy - diagnosis, with or without biopsy	485.84
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	578.26
D7910	Suture of recent small wounds up to 5 cm	174.94
D7911	Complicated suture - up to 5 cm	271.80
D7912	Complicated suture - greater than 5 cm	337.33
D7920	Skin graft	666.66
D7940	Osteoplasty - for orthognathic deformities	953.66
D7941	Osteotomy - mandibular rami	2,690.42
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	2,453.03
D7944	Osteotomy - segmented or subapical - per sextant or quadrant	2,071.32
D7945	Osteotomy - body of mandible	2,114.78
D7946	LeFort I (maxilla - total)	2,525.60
D7947	LeFort I (maxilla - segmented)	2,522.73
D7948	LeFort II or LeFort III - without bone graft	2,922.48
D7949	LeFort II or LeFort III - with bone graft	3,509.60
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones, by report	893.38
D7955	Repair of maxillofacial soft and hard tissue defect	1,285.28
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	149.71
D7963	Frenuloplasty	282.08
D7971	Excision of pericoronal gingiva	160.00
D7972	Surgical reduction of fibrous tuberosity	188.60
D7980	Sialolithotomy	319.17
D7981	Excision of salivary gland, by report	564.01
D7982	Sialodochoplasty	459.20
D7983	Closure of salivary fistula	278.87
D7990	Emergency tracheotomy	356.70
D7991	Coronoidectomy	1,173.42
D8080	Comprehensive orthodontic treatment of the adolescent dentition	857.47
D8670	Periodic orthodontic treatment visit (as part of contract)	76.68
D9110	Palliative (emergency) treatment of dental pain - minor procedure	34.85

Revised Date: July 1, 2006

NC Medicaid Dental Reimbursement Rates

Effective Date: July 1, 2006

CDT-2005 (including procedure codes, descriptions, and other data) is copyrighted by the American Dental Association.
© 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CDT-2005

Code*	Description	Medicaid Rate
D9220	Deep sedation/general anesthesia - first 30 minutes	114.68
D9221	Deep sedation/general anesthesia - each additional 15 minutes	45.92
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	45.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	115.62
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	41.00
D9410	House/extended care facility call	61.50
D9420	Hospital call	113.88
D9440	Office visit - after regularly scheduled hours	42.64
D9610	Therapeutic drug injection, by report	25.83
D9630	Other drugs and/or medicaments, by report	15.92